Alaska Health Workforce Development Plan

First Draft

Prepared by the Health Workforce Planning Coalition
for presentation to the
Alaska Workforce Investment Board

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Alaska Health Care Workforce Development Plan

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II. Executive Summary

Health care is one of the largest and most dynamic industries in Alaska, accounting for eight percent of total employment and around 16 percent of the value produced by the state's economy. Between 2000 and 2007, health care employment increased 40 percent, about five times as fast as the state's population and twice as fast as the nation's health care workforce.

This growth is estimated to continue. Department of Labor and Workforce Development (DOLWD) data indicate a 30 percent growth rate between 2004 and 2014, twice that of the overall economy. Currently, 11 of the top 15 fastest growing jobs in Alaska are in this sector.

The Need: While job growth is good news for the economy, it also place heavy strains on an industry already burdened by unacceptably high vacancy rates in key occupations. State rates for primary care occupations as determined by the *2009 Health Workforce Vacancy Study* conducted by the Alaska Center for Rural Health range from 12.9 percent for community health aides to 37.4 percent for pediatric nurse practitioner. Though registered nurses had a comparatively moderate vacancy rate at 10.1 percent, this relatively large profession was calculated to have over 320 vacant positions. The above rates are statewide averages; rates in rural Alaska are even more dramatic. These vacancy figures coupled with anticipated high increases in demand for workers indicate a significant skills gap in the health care workforce at the present time, a gap that without increased attention can only worsen.

To document need in the health care workforce, the steering group reviewed data from a variety of sources: Research and Analysis Section of DOLWD, the Alaska Center for Rural Health, the Office of the Associate Vice-Provost for Health, University of Alaska Anchorage and Department of health and Human Service (DHSS) Health Planning and Systems Development Section. Occupational supply and demand data were distributed to participants of the Alaska State Hospital and Nursing Home Association (ASHNHA) , Alaska Public Health and the Behavioral Health conferences to gain additional information and to build consensus. The result of these deliberations is found in Section V, which lists specific health care occupations by order of priority for attention.

The Promise: Health care positions are found in all regions of the state, offering close-to-home employment for many Alaskans. Although some positions require advanced training, many jobs are entry-level, requiring limited preparation. Often, these entry-level positions are the start of a career ladder or lattice that can—with additional experience and education—lead to life-long, meaningful careers.

Through public and private postsecondary education institutions in the state, Alaskans currently have access to education and training in more than 80 health care occupations. This combination of local jobs, opportunity for advancement and access to in-state training make the health care industry a primary mover in putting Alaskans to work.

The Strategy: The Health Care Workforce Development Plan addresses the challenge of assuring a well-prepared and sufficient workforce to meet Alaskans' health care needs through four strategies: Engage, Train, Recruit, Retain.

Alerting Alaskans to the opportunities available in the health care field is a first step in securing the necessary workforce. Public information campaigns, K-12 career awareness and exploration and outreach to Alaskan job seekers are elements of the *Engage* strategy.

Preparation for a health care career often starts at the secondary level, where prerequisite math, science and communications skills are developed. Quality, standards-based postsecondary education delivered as close to home as possible is a next step along a career path in health care. As the practice of health care changes through technology or new care models, those employed in the industry must upgrade skill levels. Finally, experienced teachers must be available to deliver the necessary education and training at all levels. Strengthening secondary math, science and career education, expanding access to training programs in priority occupations, providing continuing education and securing the necessary faculty are elements of the *Train* strategy.

Although the plan speaks to significant expansion of health care career training and education in the state, the size and complexity of the industry indicate that recruitment from outside of Alaska will continue to be needed to fill some positions. Alaska can improve its competitiveness with others seeking similar skilled professionals by more widely disseminating information about employment opportunities and by offering more post-graduate experiences within the state. Loan repayment and other financial and quality-of-life incentives can sway the decision to locate in Alaska. Finally, more coordination in recruitment by health care providers could reduce costs. All of the approaches are elements of the *Recruit* strategy.

The final plank in the health care plan is to retain the workforce that has been educated and recruited. To do so requires successful transitioning from training into the world of work and employment that offers sufficient remuneration, adequate supervision and opportunities for professional growth. Assisting employers to provide these workplace elements make up the *Retain* strategy.

Plan Phases: The steering committee considered several time horizons in developing the plan strategies: short term (within the next two years), mid-term (within three to five years) and long term (five years or more in the future). Most of the action steps in the *Engage*, *Recruit* and *Retain* strategies are assumed to be short term. The meat of the plan, however, is in training for and development of specific occupations. From the priority listing in Section V, the planning group identified 12 occupations requiring action in the short term. The mid-level priority occupations will be addressed within the next five years. Occupations that are currently listed as low priority are deemed not to need attention for some time. However, the priorities will be reviewed and updated annually, at which time—due to changes brought about by reform efforts, population shifts and/or adoption of new models of care—occupations may move to a higher priority.

Details for applying the plan to specific occupations are found in Section VI. Here, the top 12 priority occupations are described, with relevant data on vacancy rates, educational qualifications and training opportunities and suggested action steps under the four broad strategies of *Engage, Train, Recruit, Retain*.

The Role of DOLWD: Through the Alaska Workforce Investment Board (AWIB), the department has been involved in the planning process since the beginning. Once the plan is formally endorsed by AWIB, the department will play a key role in implementing several of the strategies. For example, the department though its job centers and workforce development efforts provides career information and counseling to the K-12 system as well as adult job seekers. Together with the Department of Education and Early Development, it will continue to be instrumental in securing resources for the revitalization of secondary career and technical education. Through the Alaska Vocational Technical Center (AVTEC) and the regional training centers, it already delivers some health care workforce training and may be called upon to expand this training is select occupations. The use of the apprenticeship model is currently under discussion for training and skill upgrading in some areas of health care. Expansion of the model will require the active participation by DOLWD. Finally, through state and federal workforce development funds the department can have a significant impact on expanding access to health care training programs

Purpose: The heath care plan is anchored in collaboration and builds on earlier successful cooperative efforts, such as the expansion of the UA nursing program, the addition of slots at the University of Washington Medical School through WWAMI and the creation of a Health Care Commission. Under the governance structure that is being proposed to oversee plan implementation and monitoring, these collaborations will be made more formal through memoranda of understanding among stakeholders.

The health care workforce development plan is indeed a **call for action:** a call that has already been heeded by industry, education and training institutions, state government and professional organizations. Successfully directing the energies and resources of these stakeholders through the steps outlined in the plan will not only increase the size and quality of the health care workforce but will be reflected in a higher standard of health for all Alaskans.

III. Introduction

The health care industry is important to Alaska and Alaskans

Health care is one of the largest and most dynamic industries in Alaska, accounting for eight percent of total employment and around 16 percent of the value produced by the state's economy. One out of every 12 employed Alaskans works in the industry; one out of every six dollars spent in Alaska is spent on health care. The industry also accounts for a significant portion of economic growth. Between 2000 and 2007, health care employment increased 40 percent, about five times as fast as the state's population and twice as fast as the nation's health care workforce.

This growth is estimated to continue. Department of Labor and Workforce Development (DOLWD) data indicate a 30 percent growth rate between 2004 and 2014, twice that of the overall economy. Around 15 percent of the state's new jobs in that period will come from health care; currently, 11 of the top 15 fastest growing jobs in Alaska are in this sector.

While job growth is good news for the economy, it also place heavy strains on an industry already burdened by unacceptably high vacancy rates in key occupations. For example, state rates for primary care occupations as reported by 747 surveyed employers for a 2009 University of Alaska study[1] range from 12.9 percent (community health aide/practitioner) to 37.4 percent (pediatric nurse practitioner). Other troubling rates include occupational therapist and physical therapist at 22.8 and 15.8 percent respectively. Though registered nurses had a comparatively moderate vacancy rate at 10.1 percent, this relatively large profession was calculated to have over 320 vacant positions. These rates indicate a significant skills gap in the health care workforce at the present time, a gap that without increased attention can only worsen.

Recognizing these conditions, the Alaska Workforce Investment Board (AWIB) has targeted health care as one of the industries critical to Alaska's workforce and economic needs. The Alaska Health Care Commission and many other agencies and groups, such as the Department of Health and Social Services, The Alaska Mental Health Trust and the Alaska State Hospital and Nursing Home Association (ASHNHA), have identified health care workforce development is one of the most critical priorities in assuring health care access in Alaska

The health care industry has unique features

Health care has unique features that distinguish it from other industries—features of Impact, breadth, scope and outlook. These characteristics add to the urgency of assuring that Alaska has a well prepared and sufficient health care work force.

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[1] Alaska Center for Rural Health, University of Alaska Anchorage, *2009 Alaska Health Workforce Vacancy Study (Draft)*, January 2010.

Impact—The health care industry touches almost every Alaskan, from the new born infant in Ketchikan General Hospital to the elder in Barrow's assisted living facility. The overall health of the state's citizenry is intimately tied to the adequacy and competence of the health care workforce. Meeting Alaska's targets for improved health as envisioned in *Healthy Alaskans 2010*[2] in the areas of health promotion, health protection, preventative services and access to health care requires attention to the development, upgrading and retention of workers who can addresses these targets.

Breadth—Health care industry employment can be found in almost every location in the state. Although about half of the jobs are in hospitals and nursing homes, the other half are with small health care provider offices, outpatient and community health centers and home health care. This breadth indicates that job opportunities are available close to home for many Alaskans.

Scope—Perhaps no other industry employs front-line workers with such a wide range of educational background, from high school diploma or GED through post-doctoral specialization. Although the industry utilizes many highly-skilled professionals, a large portion of health care is provided by direct service workers, who assist Alaskans dealing with mental health problems, substance abuse, medical illnesses, developmental delays and disabilities and social stressors. Career ladders and lattices exist that can move workers to higher-level positions. This wide scope of employment allows many Alaskans to access the industry through entry-level jobs and to construct meaningful, life-long careers.

Outlook—Demand for health care is not cyclical, unlike that for most Alaskan industries. This has distinct advantages. As reported by DOLWD, health care is one of a handful of industries expected to grow in 2010—adding about 500 jobs—while most other sectors will continue to experience a decline.[3] Because it is not subject to sudden downward shifts in demand, the output from training programs can more easily be matched to current and future industry needs.

While health care is relatively free from the effects of economic fluctuations, it is highly susceptible to other influences. At least four factors are currently fueling higher demand for health care services and therefore increasing the need for workforce development: reform efforts, demographics, changes in care models and technology.

Health care reform will greatly expand demand for care. In many cases, the increased demand will likely be in areas such as primary care, therapy and behavioral health that currently experience high job vacancy rates throughout the state. Reforms will also spur the growth of new classes of health care positions such as continuum of care managers and health information technicians.

An aging Alaskan population also contributes to increased demand for services. In the decade between 1996 and 2006, the number of Alaskans 65 years and older increased 50 percent, from 30,440 to 45,489. In the latter year, older Alaskans accounted for 6 percent of the total population. DOLWD estimates indicate that this age segment will reach around 134,400 persons by 2030, or about 16 percent of the

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[2] Alaska Department of Health and Social Services, Division of Public Health, *Healthy Alaskans 2010, Targets and Strategies for Improved Health*, November 2005

[3] Alaska Department of Labor and Workforce Development, *Alaska Economic Trends*, January 2010, p. 11

population. This demographic shift has tremendous implications for workforce development, not only in numbers but also in types of workers needed.

Changes in care models and care objectives will also change the face of the workforce. For example, the move to more outpatient services increases the demand for home health care workers. An emphasis on prevention requires increases in occupations such as health educator and wellness trainers.

Technology influences the health care workforce in many ways. First, access to higher levels of medical technology within the state has an "import substitution" effect on demand as an increasing share of Alaskans can meet their health care needs locally rather than going out of state. Generally, this effect heightens the need for highly-trained specialists. Increasing uses of technology in all areas of care also require continuing skill attainment and development on the part of the existing workforce at all levels, from direct service worker through specialist. Finally, technology—in particular simulation and the Internet—can vastly increase access to health care career education and training.

Because of the above factors, several of the strategies identified for successful workforce development in health care will differ from those in other industries. Recruitment of health care providers that cannot be trained or trained in adequate numbers in the state will remain a central activity. Retention, while a significant concern in all industries, assumes greater importance when high turnover can affect Alaskans' access to critical medical and therapeutic services.

The health care workforce planning process is collaborative

To begin to address these workforce issues and to craft a statewide plan for workforce development, a Health Care Workforce Coalition made up of health care providers, agencies and associations was formed in August, 2009. A steering team from the larger coalition, comprised of representatives from industry, state government and the University of Alaska met regularly to work on the plan. The basic plan strategies were presented to the larger provider community for discussion and further refinement at the ASHNHA Health Care Workforce Summit in November, the Alaska Public Health Association Health Summit in December , 2009, and to various smaller groups. Audio-conferences with the Coalition allowed member input throughout plan development.

The planning group early on agreed on several underlying principles. First, although health care workforce development is a statewide issue, the need is especially acute in rural Alaska. The difficulties involved in training, recruiting and retaining health care workers in the more remote parts of the state require increased attention to distance education that trains people to work in their home community, financial and other incentives for attracting needed specialists, community involvement in recruitment and retention and opportunities for professional growth.

Second, because the training needs of the health care industry are substantial and relatively costly, the planning group recognized that particular care must be taken to assure that resources—both public and private—are allocated to areas of highest need, avoid needless duplication and utilize existing institutions wherever possible. The priority occupational listing found in Section V of the plan identifies the areas needing immediate attention for one or more of the following reasons: high vacancy rate,

high number of vacancies or criticality to health care delivery. The governance structure that will be developed to oversee plan implementation is a major tool for assuring coordinated, effective and efficient resource use.

Finally, the group agreed that all training under the plan must be directed at meeting industry standards, state and national licensing requirements and the quality benchmarks established by educational program accreditation agencies. These principles of access, efficiency and quality permeate the plan document.

Because the health care industry in the state is so diverse and covers so many disparate occupations, the strategies in the following plan are broad and general in nature. Several of the strategies and many of the action steps echo those in other industry plans, particularly the call for broad public awareness and support for developing a pipeline of new workers through the revitalization of K-12 career awareness and technical education programs. To achieve these goals will require a cooperative, coordinated effort by many industries and agencies.

Health care workforce planning builds on successful partnerships

The planning group acknowledged the considerable cooperative effort that has already been made in developing the health care workforce. For example, a strong partnership between industry and the University of Alaska School of Nursing succeeded in doubling the number of nursing graduates between 2003 and 2007. Industry/university collaboration has also led to the introduction, expansion or revision of more than 80 health care-related UA certificates and degrees over the past ten years. New UA programs such as the bachelor degree in nutrition are coming on line to address emerging critical needs.

A coordinated effort by the Primary Care Association and industry employers resulted in a significant increase in the number of medical school slots for Alaskan students at the University of Washington through the WWAMI program. Combined industry, government and association advocacy has also spurred the creation of a Health Care Commission and the introduction of several pieces of legislation to provide financial incentives for health care professionals practicing in Alaska.

Implementing the health care-specific strategies and action steps in the plan will require the continued participation and coordination of many partners: industry/employers, education and training providers, government and professional associations. Each group contains many stakeholders.

Industry/employers include the broad range of health care providers—public, private and non-profit—that extend health care services to the public. Among these are hospitals, health clinics, tribal health organizations, private practice offices, state and local public health facilities and mental/behavioral health programs and treatment centers.

Education and training providers include the University of Alaska, Alaska Pacific University, the Alaska Vocational Technical Center (AVTEC), regional training centers, private training providers and out-of-state institutions that have partnered with an Alaskan institution to offer a specific program within the state.

Government agencies involved in health care workforce development include the state departments of Health and Social Services, Labor and Workforce Development, Education and Early Development and Commerce (Licensing) and local government public health offices.

Professional organizations encompass a variety of groups such as the Alaska Public Health Association, the Primary Care Association, the Alaska Nurses Association and health care membership organizations such as ASHNHA.

In addition to the above groups, health care is served by the Alaska Area Health Education Center (AHEC) network—a unique university-industry partnership directed at strengthening Alaska's health workforce serving rural and other underserved populations. Currently, four partners provide service to distinct geographic regions: Interior AHEC at Fairbanks Memorial Hospital, Yukon Kuskokwim AHEC at the Yukon Kuskokwim Health Corporation, South Central AHEC at Providence Alaska Health System, and South East AHEC at the South East Alaska Regional Health Consortium. Planning for a Northern AHEC is underway. The AHEC network plays an important role in encouraging Alaskans to pursue careers in health and behavioral health care, providing clinical rotation sites and delivering continuing education to health care practitioners.

In the following plan, the first partner category listed under "Responsible Parties" in any sub-strategy is assumed to be the prime mover for that particular strategy, although the support and involvement of other listed partner groups is essential for success.

Health care workforce planning is on-going

The plan is intended to encompass rather than replace the workforce development efforts of other professional groups and health care organizations. The strategies outlined in the plan become real through application to a specific occupation, as can be seen in Section VI that links strategies to the top priority occupations identified by vacancy data and other information.

The plan is not complete; rather it is a work-in-progress that will be revisited and revised over time as occupational-specific plans are developed, successes are achieved and circumstances change.

The health care workforce development plan embraces AWIB principles

In preparing the plan, the steering group was cognizant of the need to address the principles found in *Alaska's Future Workforce Strategic Policies and Investment Blueprint*.

The following plan is *needs driven*, based on data provided by the Research and Analysis Section of DOLWD, the Alaska Center for Rural Health, the Office of the Associate Vice-Provost for Health, University of Alaska Anchorage and DHSS Health Planning and Systems Development Section. Occupational supply and demand data were distributed to participants of the ASHNHA, Alaska Public Health and Behavioral Health conferences to gain consensus on the priority occupational listing in Section V. Strong industry leadership and involvement in the planning process assured that both current and emerging workforce needs would be addressed.

The plan *extends access* to health care occupations by creating awareness of career opportunities, utilizing distance delivery and simulation in health workforce education and training programs and increasing financial support for pursing health care careers. As mentioned above, the need to strengthen training, recruitment and retention of health care workers in rural Alaska was at the forefront of the planning effort.

The plan is *interconnected*, extending the use of career pathways to link secondary and post-secondary education and expanding post-employment training and advancement. It incorporates the state's job center system both to advertise job openings and to counsel job-seekers into training for health care positions.

The plan is *accountable*. All of the training and education under the plan is based on industry standards and most programs lead to state or national certification. Programs offered under the plan that utilize state or federal workforce development funds will report annually on the outcomes of the training in terms of number of participants and completers, placement of graduates and gains in income.

The plan will be *collaboratively governed*. The governance structure outlined in the sustainability plan currently under development includes industry, tribal health organizations, appropriate government agencies, the University of Alaska and other training partners. The plan closely aligns with the AWIB emphasis on training Alaskans for high demand, high wage jobs.

The plan will be *sustained*. The sustainability plan details the linkages between plan strategies and the mission and operational responsibilities of the involved partners. These linkages will be made concrete through memoranda of understanding outlining such activities as shared staffing, joint grant applications and other mechanisms to assure that parties carry through with assigned responsibilities for implementing the plan. The sustainability plan calls for an annual review of accomplishments and modifications to the plan as new opportunities and challenges arise.

Endorsement by AWIB is a critical step in moving the plan forward and securing the financial and other support necessary to assure that plan strategies are actualized.

IV. Strategies

Strategy 1.0 Engage Alaskans in health care workforce development

Alaskans need information about career opportunities afforded by the health care industry in the state—careers that are in demand in all regions, provide stable employment and encompass all educational levels, from on-the-job training through postgraduate programs. Alaskans also should be aware of the link between a well-trained, sufficient health care workforce and the overall health of the state's citizenry. Finally, voters and policy makers need reliable information about public policy and financing options that can impact health care work force development.

This strategy can be implemented by:

1.1. Conducting public awareness campaigns on general workforce development issues and the full continuum of jobs available
1.2. Expanding career awareness and counseling that highlight health career pathways in Alaskan schools
1.3. Developing targeted marketing for high need professions
1.4. Utilizing the existing one-stop information system to disseminate information on training opportunities and job openings in Alaska to job seekers

Funding:

- Industry/employers
- Private foundations (e.g., the Robert Wood Johnson nationwide nursing career promotion)
- Alaska School Foundation funding
- State General Fund
- Youth Workforce Development funds
- Alaska Native Health Corporations

Strategy 2.0 Train Alaskans for Health care employment

Almost three-quarters of the fifteen fastest growing occupations in Alaska are in the health care field. Taken as a group, these occupations are estimated to account for over 6,000 job openings between now and 2016[4]. These projections are based on the current level of health care provision and do not take into account the increased demand for health care workers that will result with the aging of the Alaskan population or from expansion of health care access. Filling these positions with Alaskans requires creating a pipeline for people seeking the necessary credentials, providing appropriate training and educational opportunities and allowing for those already employed to upgrade their skills and to

[4] DOLWD, *Alaska's 10-year Occupational Forecast*, Alaska Economic Trends, January 2009, p. 22

advance professionally. Providing training as close to home as possible through expanded distance education is essential in assuring that rural workforce development needs are addressed.

This strategy can be implemented by:

2.1. Strengthening secondary school offerings in mathematics, sciences, communications, job readiness and entry-level training in health care occupations
2.2. Providing postsecondary health care occupational training and education programs that are effective, cost-efficient and lead to employment in Alaska
2.3. Delivering post-employment training opportunities that allow practitioners to gain new skills and advance in their profession
2.4. Developing the faculty needed at the secondary, postsecondary and continuing education levels to deliver education and training programs

Funding:

- Alaska Public School Foundation Program
- University of Alaska Fund 1 (general funds)
- DOLWD workforce development funds
- State of Alaska General Fund
- Industry
- State and federal grants
- Private foundations
- The Alaska Mental Health Trust
- Alaska Native Tribal Health Consortium

Strategy 3.0 Recruit qualified candidates to fill health care positions

Even with expansion of programs through in-state training facilities, Alaska's population and resources alone will not be able to fill all of the health care workforce needs. In some cases, such as medical education, preparation program are prohibitively expensive; in others, such a pharmacy, positions are critical but needed in relatively small numbers. For the foreseeable future, therefore, Alaska will need to attract health care providers to the state.

This strategy can be implemented by:

3.1 Promoting health care employment opportunities in the state
3.2 Expanding post-graduate programs, residencies and fellowships
3.3 Improve the coordination of recruitment among health care providers
3.4 Establishing financial and other incentives to attract needed professionals

3.5 Creating a positive community, policy and economic environment for health care providers

Funding:

- Industry
- State and federal loan repayment/incentive dollars
- State marketing dollars

Strategy 4.0 Retain a skilled health care workforce

While recruiting skilled health care workers is a major task, retaining this workforce is even more critical. Some health care occupations and some locations report annual double-digit turnover rates. Replacement of lost workers represents huge costs in terms of both recruitment and retraining.

This strategy can be implemented by:

4.1. Supporting and disseminating effective orientation and on-boarding programs for new employees
4.2. Providing opportunities for professional development and advancement
4.3. Promoting positive work environments

Funding:

- Industry
- Private Foundations
- State/federal grants

V. Industry Occupations by Priority

During the planning process there has been an effort to take a comprehensive and inclusive approach to setting occupational priorities. The following have been used by planners and organizations participating in this project:

- Department of Labor occupational projections
- Department of Labor data re non-residents and age level
- Vacancies and vacancy rates -- point-in-time and trends
- Licensing trends
- Health professional shortage areas
- Recruitment costs – money and time
- Salary study – private, hospitals and nursing homes
- Turnover data – private, individual organizations

On the supply side, the University of Alaska has shared information about its students, graduates and training completers. For some programs aggregate information has been developed by the Department of Labor about employment in Alaska and salary increases following training. Supply data available in this planning process include:

- Student/trainee enrollment/trends
- Awards – occupational endorsements, certificates, degrees
- Student enrollment/awards projections
- Student locations
- Student demographics
- Workforce data for graduates – jobs, salaries (DOLWD)
- Results of licensure/certification examinations

Other types of information available through the Department of Labor include:

- Comparison of health workforce data with other industry sectors
- Geographic distribution of health workforce
- National comparisons – per capita, growth rates
- Employment trends
- Mean wages
- Educational requirements

Several methods were used to gather information and input regarding priorities.

Vacancy study The University of Alaska has conducted vacancy studies of health care occupations since 2001, with increasing sophistication of methodology. Vacancy surveys in 2007 and 2009 have provided not only point-in-time vacancy-related data across a broad range of occupations

and health care organizations, but also an estimation of statewide vacancy numbers for all such organizations. The 2009 report can be accessed at http://nursing.uaa.alaska.edu/ACRH/index_downloads/workforce-report-2009_final2.pdf

The 2009 survey was conducted by the Institute for Social and Economic Research (ISER) for the Alaska Center for Rural Health/Alaska's AHEC (ACRH/AHEC). The associated report includes a discussion of such studies in the past decade. The key questions the current study sought to answer were the same as those in the 2007 study:

- What health occupations were, at this time, most critically affected by shortages?
- Exactly how many vacancies currently remained unfilled? Where were these vacancies regionally and in what organization types?
- What did employers perceive to be the major underlying causes of their vacancies?
- How many new trainees/graduates could the job market actually absorb annually, and how many organizations could absorb them?

In 2009, 93 occupations were surveyed. Of 1,476 health care organizations, 1,064 were sampled, and 764 completed surveys. Urban and rural areas were distinguished, as were six regions.

Respondent types are shown in the following table:

	Respondents	
Organization Type	**Number**	**Percent**
Behavioral Health Services	84	11.0%
Dental Clinics/Offices	154	20.2%
Diagnostic Imaging Centers	16	2.1%
Hospitals/Nursing Homes	22	2.9%
Diagnostic Laboratories	14	1.8%
Medical Clinics/Offices of Physicians	187	24.5%
Tribal Health Organizations	29	3.8%
Pharmacies	36	4.7%
Physical/Occupational/Speech Therapy Facilities	68	8.9%
School Districts	53	6.9%
Paramedic Sites	77	10.1%

State/Municipal Government	24	3.1%
Total	**764**	**100.0%**

Of these organizations, 55% (424) were urban and 45% (340) rural. As seen in previous studies, rural vacancy rates tended to be higher than urban rates for many occupations, some significantly higher.

In determining priority occupations to include in this plan, both numbers of vacancies and vacancy rates were considered, as well as trends.

Forums In late 2009, the planning coalition was able to present information about the planning process to three major health workforce forums – Behavioral Health, Alaska State Hospital and Nursing Home Association (ASHNHA), and Alaska Public Health Association (ALPHA). The last two of these provided an opportunity to review the occupational priorities and data sheet, and to collect feedback from participants.

Surveys Following the forums, the priority groupings were revised to reflect this feedback. A follow up survey was sent to participants of the first two forums, and to the full membership list of the third as only a small number were able to participate in the feedback session. Two other groups have been asked to participate in the survey to date – the Alaska Medical Group Management Association which represents many doctor's offices and clinics, and the Alaska Native Tribal Health Consortium. As other constituencies are identified, attempts will be made to engage them in completing the survey.

This survey asked respondents to select their top five priorities from the list of Priority 1 occupations. If they felt a high priority occupation was not on the list, they could write it in on the survey. They were also asked to justify their choices and to provide any other comments they would like to make.

There were 137 responses to the survey that went to the first three groups. While a relatively low return (26% from the ASHNHA participants, 39% from Behavioral Health summit participants), this provides us some guidance based on the opinions of those responding to note when deciding which occupations to include in this initial plan.

Results The Assessment and Priorities Committee reviewed the data and input received and selected twelve occupations. For each of these occupations an initial set of strategies was developed. Both the list of occupations and the associated strategies (Section VI and VII) are considered to be a first draft and changes in both are expected as the consultation and review period continues over the next few months.

V. ALASKA HEALTH OCCUPATIONS PRIORITIES

Priority 1 - most critical; requires immediate attention
Priority 2 - requires attention but not immediate
Priority 3 - least critical, address later

OCCUPATIONAL PRIORITY 1	OCCUPATIONAL PRIORITY 2	OCCUPATIONAL PRIORITY 3
Behavioral Health Aide/Village Counselor	Accountant (Health Care)	Anesthesia Technologist/Technician
Certified Nurse Assistant	Behavioral Health Case Manager	Anesthesiologist Assistant
Community Health Aide/Practitioner	Behavioral Health Clinician	Art Therapist
Dental Health Aide/Therapist	Billing/Coding Clerk/Technician/Specialist	Athletic Trainer
Dental Hygienist	Clinical Psychologist/Psychologist	Audiologist
Dietitian/Nutritionist	Community Health Representative	Billing Supervisor
Disabilities Specialist/Worker	Community Wellness Advocate	Biomedical/Health Researcher
Family Nurse Practitioner/Advanced FNP	Compliance Officer/Auditor	Blood Bank Technology Specialist
Family Physician (M.D., D.O.)	Dental Assistant	Cardiovascular Technologist
General Internal Medicine Physician/Internist	Dentist	Chaplain
Health Educator	Geriatrician	Clinical Assistant (Lab)
Health Informatics Staff	Gerontologist	Cytogenic Technologist
Healthcare Managers/Supervisors	Health Information Administrator/Manager	Cytotechnologist
Home Health Aide	Healthcare Quality Professional	Dance/Movement Therapist
Human Services Worker	Hospital Administrator	Dental Laboratory Technician
Medical Assistant	Licensed Practical Nurse	Diagnostic Molecular Scientist
Nurse Educator	Limited Radiographer	Echocardiography Technician
Nurse Manager/Executive	Mammographer	Electrocardiography Technician (EKG)
Nurse Specialist (e.g. Critical Care, ER, OB)	Marital/Family Therapist	Electroencenphalography Technician (EEG)
Occupational Therapist	Medical Director	Electroneurodiagnostic Technologist
Personal Care Assistant	Medical Laboratory Technician	Emergency Medical Services Technician (EMT/ETT)
Pharmacist	Medical Technologist	Epidemiologist
Pharmacy Technician	Nuclear Medicine Technologist	Exercise Physiologist
Physical Therapist	Nurse Case Manager	Exercise Science Professional
Physical Therapy Assistant	Nurse Midwife/Women's Health Nurse Practitioner	Genetic Counselor
Physician Assistant	Nursing Home Manager	Health Advocate
Psychiatric Nurse	Occupational Therapy Assistant	Health Care Manager/Supervisor
Psychiatric Nurse Practitioner	Optician	Health Information Clerk/Technician
Psychiatrist	Pediatric Nurse Practitioner	Histotechnologist
Public Health Nurse	Pediatrician	Horticultural Therapist
Registered Nurse	Physician Specialist	Kinesiotherapist
Social Worker (BSW, MSW, LCSW)	Radiation Therapist	Low Vision Therapist
Sonographer	Radiographer/Rdiologic Technician	Magnetic Resonance Technologist (MRI/CT)
Speech-Language Pathologist	Rehabilitation Counselor	Massage Therapist
Substance Abuse Counselor	Residential Aide	Medical Biller/Billing Clerk
	Safety Officer	Medical Coding Clerk/Specialist/Certified Coder
	Sanitarian	Medical/Dental Receptionist
	Speech Therapist	Medical Dosimetrist
	Surgical Technologist	Medical Illustrator
	Veterinary Technologist/Technician	Medical Librarian
	Village Health Educator	Medical Transcriptionist
		Music Therapist
		Nurse Anesthetist
		Orientation and Mobility Specialist
		Ophthalmic Assistant
		Ophthalmic Dispensing Optician
		Ophthalmic Medical Technician/Technologist
		Optometric Technician
		Optometrist
		Orthoptist
		Orthotist and Prosthetist
		Paramedic
		Pathologist's Assistant
		Perfusionist
		Personal Fitness Trainer
		Phlebotomist
		Podiatrist
		Polysomnographic Technologist
		Privacy Officer/Specialist
		Professional Counselor
		Psychiatric Aide/Technician
		Public Health Administrator
		Respiratory Therapist
		Surgical Assistant
		Sterile Processing Technician
		Therapeutic Recreation Specialist
		Teacher of the Visually Impaired
		Veterinarian
		Veterinary Assistant/Lab Animal Caretaker
		Vision Rehabilitation Therapist

Occupational Priority 1 - Draft Strategies

Behavioral Health Aide/Village Counselor	Engage more rural-based people in this career; start of career pathway in BH; program in place with capacity
Behavioral Health Clinician	This includes psychologists, social workers, licensed counselors, human services professionals - programs exist; need to engage individuals
Certified Nurse Assistant	Entry-level, high turnover - work on retention through compensation, advancement; many training vendors - review gaps in location; rational regulations
Community Health Aide/Practitioner	ANTHC is primary eduational vendor and certifyer; sometimes insufficient seats in session training; continuing education important
Dental Health Aide/Therapist	Some additional capacity; engage more individuals; address funding difficulties
Dental Hygienist	Look at geographic distribution; number being produced seems to address need
Dietitian/Nutritionist	Many students in minor; programs in dietetics and nutrition underway in next year; should meet needs
Disabilities Specialist/Worker	Distance program available; look at distribution
Doctor of Osteopathy	New school in Yakima; interested in finding clinical partnerships
Family Nurse Practitioner/Advanced FNP	Increased interest and enrollment; as profession moves to doctoral level, need to explore Alaska options
Family Physician	National shortage; continue to encourage/expand WWAMI and support residency program; improve recruitment incentives; use of mid-levles
General Internal Medicine Physician	Same as for family physicians except unusual shortage in AK; recruitment incentives; possible residency
Health Educator	Building program offerings in this area
Health Informatics Staff	Working on establishing this program sequence from certificate through master's
Home Health Aide	is not a certification in Alaska; need to evaluate need/use for this occupation; now tends to be C NA or PCA
Human Services Worker	Growing need; several programs available (RHS, AHS, BHS) - additional resources being requested to overcome capacity issues
Medical Assistant	Low vacancy rate but have program distribution issue to be addressed; expected to grow in future
Nurse Educator	Distance master's program available and growing - needs additional resources
Nurse Manager/Executive	Need general offerings in management/supervision; nurse administration master's undersubscribed
Nurse Specialist (e.g. Critical Care, ER, OB)	Funding support needed to continue work of ACE; cooperative arrangements between facilities require some creativity and reduced legal barriers
Occupational Therapist	Program in progress; need to ensure future and provide some spread outside of Anchorage
Personal Care Assistant	Regulatory change needed to require reasonable level of training; training programs are available and can be provided used mixed delivery methods
Pharmacist	Consultant report has been received and is under review; several viable options offered with varying levels of resources required
Pharmacy Technician	Have distance-delivered program available with additional capacity; needs marketing and continued oversight by advisory committee; recruitment strategies
Physical Therapist	Partnership possibilities being examined; resources being requested; currently recruitment strategies needed
Physical Therapy Assistant	Discussion with potential partner; if this doesn't work out will develop Alaska program as resources permit
Physician Assistant	Expect vacancy rate will drop as students complete new expanded Alaska satellite program
Psychiatric Nurse	Engage nurses in BH work through recruitment and continuing education; graduates of AAS and BS programs can be hired in entry level positions
Psychiatric Nurse Practitioner	Distance program exists; engagement has been somewhat limited; marketing by providers would be useful; resource needs will be factor
Psychiatrist	Consideration being given to psychiatric residency; currently a recruitment/retention strategy required
Public Health Nurse	Seek bachelor's prepared nurses; marketing strategy?
Registered Nurse	Seem to be close to equilibrium for new graduates; some locations need to engage and adequately prepare more applicants; specialists in higher demand
Sonographer	Expect to develop program in near future once funding is obtained
Speech-Language Pathologist	Distance program available after courses taken after bachelor's earned; look at options for undergraduate eduation; recruitment strategies needed
Substance Abuse Counselor	Engage more individuals in this field; clarify educational option:

HEALTH OCCUPATIONS/PROFESSIONS PRIORITIES

	ASHNHA Summit Participants (41 of 157, 26%)		
		Votes	% of Voters
1	Registered Nurse	20	50.0%
2	Family Physician	19	47.5%
3	Family Nurse Practitioner/Advanced FNP	15	37.5%
4	Physical Therapist	12	30.0%
5	Nurse Educator	10	25.0%
6	Internist	9	22.5%
7	Pharmacist	9	22.5%
8	Certified Nurse Assistant	8	20.0%
9	Substance Abuse Counselor	7	17.5%
10	Behavioral Health Aide/Village Counselor	7	17.5%
11	Nurse Specialist	6	15.0%
12	Psychiatrist	5	12.5%
13	Social Worker	5	12.5%
14	Health Informatics Staff	5	12.5%
15	Occupational Therapist	5	12.5%
16	Physical Therapy Assistant	5	12.5%
17	Personal Care Assistant	4	10.0%
18	Psychiatric Nurse Practitioner	4	10.0%
19	Human Services Worker	4	10.0%
20	Dental Health Aide/Therapist	3	7.5%
21	Physician Assistant	3	7.5%
22	Psychiatric Nurse	3	7.5%
23	Healthcare Manager/Supervisor	3	7.5%
24	Home Health Aide	3	7.5%
25	Dental Hygienist	2	5.0%
26	Disabilities Specialist/Worker	2	5.0%
27	Medical Assistant	2	5.0%
28	Public Health Nurse	2	5.0%
29	Gerontologist/Geriatric Specialist	2	5.0%
30	Community Health Aide/Practitioner	1	2.5%
31	Dental Assistant	1	2.5%
32	Health Educator	1	2.5%
33	Nurse Manager/Executive	1	2.5%
34	Sonographer	1	2.5%
35	Speech-Language Pathologist	1	2.5%
36	Dietitian/Nutritionist	1	2.5%
37	Licensed Practical Nurse	1	2.5%
38	Driver	1	2.5%
39	Senior Meal Cook	1	2.5%
40	In-Home Worker	1	2.5%
41	Radiology Tech (x-ray, mammography, CT)	1	2.5%
42	Medical Technologist	1	2.5%
43	Direct Service Worker	1	2.5%
44	OR Scrub Tech	1	2.5%
45	Pharmacy Technician	0	0.0%

Behavioral Health Workforce Summit Participants (56 of 144, 39%)		
	Votes	% of Voters
Behavioral Health Aide/Village Counselor	27	49.1%
Social Worker	21	38.2%
Human Services Worker	16	29.1%
Psychiatrist	16	29.1%
Substance Abuse Counselor	15	27.3%
Community Health Aide/Practitioner	14	25.5%
Family Physician	14	25.5%
Psychiatric Nurse Practitioner	12	21.8%
Personal Care Assistant/Attendant	12	21.8%
Dental Health Aide/Therapist	12	21.8%
Family Nurse Practitioner/Advanced FNP	11	20.0%
Disabilities Specialist/Worker	9	16.4%
Certified Nurse Assistant	8	14.5%
Home Health Aide	8	14.5%
Registered Nurse	8	14.5%
Psychologist	8	14.5%
Psychiatric Nurse	7	12.7%
Health Educator	5	9.1%
Physician Assistant	5	9.1%
Occupational Therapist	5	9.1%
Healthcare Manager/Supervisor	4	7.3%
Pharmacist	4	7.3%
Speech-Language Pathologist	3	5.5%
Physical Therapist	3	5.5%
Dietitian/Nutritionist	2	3.6%
Internist	2	3.6%
Health Informatics Staff	2	3.6%
Nurse Specialist	2	3.6%
Public Health Nurse	2	3.6%
Dental Assistant	2	3.6%
Licensed Professional Counselor	2	3.6%
Direct Service Worker/Entry-Level	2	3.6%
Peer Support Counselor/Navigator	2	3.6%
Medical Assistant	1	1.8%
Nurse Educator	1	1.8%
Physical Therapy Assistant	1	1.8%
Dental Hygienist	1	1.8%
Geriatrician	1	1.8%
In-Home Activity Assistant/Director	1	1.8%
Nurse Manager/Executive	0	0.0%
Pharmacy Technician	0	0.0%
Sonographer	0	0.0%

2009 Vacancy Study - Top Ten Vacancies		
	# Vacancies (Est.)	Vacancy Rate
Registered Nurse	321.6	10.1%
Human Services Worker (HS)	146.4	12.2%
Certified Nurse Assistant	120	8.3%
Licensed Practical Nurse	68.2	11.8%
Family Physician	67.1	10.9%
Dental Assistant	61.7	6.4%
Billing Clerk/Technician	58.6	5.3%
Family Nurse Practitioner	58.2	17.2%

2009 Vacancy Study - Top Ten Vacancy Rates		
	Vacancy Rate (Est.)	# Vacancies
Radiation Oncologist	60.0%	3
Paramedic	44.4%	4
Pediatric Nurse Practitioner	37.4%	10.4
Physical Therapy Assistant	28.5%	17.8
Nurse Midwife	25.4%	10.4
Dietitian	24.2%	9
Occupational Therapist	22.8%	29.3
Women's Health Care Nurse Practitioner	22.0%	11.4

Case Manager	48.7	6.0%
Substance Abuse Counselor	48	15.4%

Psychiatric Nurse Practitioner	20.5%	8.6
Family Nurse Practitioner	17.2%	58.2

Total Respondents (141)		
	Votes	% of Voters
Behavioral Health Aide/Village Counselor	52	36.9%
Family Physician	43	30.5%
Family Nurse Practitioner/Advanced FNP	41	29.1%
Substance Abuse Counselor	35	24.8%
Registered Nurse	33	23.4%
Social Worker	30	21.3%
Community Health Aide/Practitioner	27	19.1%
Psychiatrist	25	17.7%
Dental Health Aide/Therapist	24	17.0%
Human Services Worker	23	16.3%
Physical Therapist	18	12.8%
internist	18	12.8%
Pharmacist	18	12.8%
Psychiatric Nurse Practitioner	18	12.8%
Personal Care Assistant	17	12.1%
Certified Nurse Assistant	16	11.3%
Public Health Nurse	16	11.3%
Physician Assistant	15	10.6%
Disabilities Specialist/Worker	13	9.2%
Home Health Aide	13	9.2%
Nurse Educator	13	9.2%
Nurse Specialist	12	8.5%
Occupational Therapist	12	8.5%
Psychiatric Nurse	12	8.5%
Health Educator	11	7.8%
Health Informatics Staff	9	6.4%
Healthcare Manager/Supervisor	7	5.0%
Physical Therapy Assistant	7	5.0%
Speech-Language Pathologist	7	5.0%
Dental Hygienist	6	4.3%
Dietitian/Nutritionist	6	4.3%
Dental Assistant	4	2.8%
Direct Service Worker	3	2.1%
Gerontologist/Geriatric Specialist	3	2.1%
Medical Assistant	3	2.1%
Licensed Professional Counselor	2	1.4%
Nurse Manager/Executive	2	1.4%
Peer Support Counselor/Navigator	2	1.4%
Pharmacy Technician	2	1.4%
Cancer Registrar	1	0.7%
Dentist	1	0.7%
Driver	1	0.7%
Epidemiologist	1	0.7%
In-Home Activity Assistant/Director	1	0.7%
In-Home Worker	1	0.7%
Licensed Practical Nurse	1	0.7%
Medical Technologist	1	0.7%
OR Scrub Tech	1	0.7%
Radiology Tech (x-ray, mammography, CT)	1	0.7%
Senior Meal Cook	1	0.7%
Sonographer	1	0.7%

ALPHA Membership (31 of X', %)		
	Votes	% of Voters
Behavioral Health Aide/Ville Counselor	17	56.7%
Family Nurse Practitioner/Advanced FNP	13	43.3%
Community Health Aide/Practitioner	12	40.0%
Public Health Nurse	12	40.0%
Substance Abuse Counselor	12	40.0%
Dental Health Aide/Therapist	9	30.0%
Family Physician	7	23.3%
Physician Assistant	6	20.0%
Internist	5	16.7%
Health Educator	5	16.7%
Pharmacist	5	16.7%
Registered Nurse	5	16.7%
Nurse Specialist	4	13.3%
Dietitian/Nutritionist	3	10.0%
Psychiatrist	3	10.0%
Social Worker	3	10.0%
Dental Hygienist	2	6.7%
Disabilities Specialist/Worker	2	6.7%
Health Informatics Staff	2	6.7%
Human Services Worker	2	6.7%
Nurse Educator	2	6.7%
Occupational Therapist	2	6.7%
Pharmacy Technician	2	6.7%
Physical Therapist	2	6.7%
Speech-Language Pathologist	2	6.7%
Dental Assistant	1	3.3%
Home Health Aide	1	3.3%
Nurse Manager/Executive	1	3.3%
Physical Therapy Assistant	1	3.3%
Psychiatric Nurse	1	3.3%
Psychiatric Nurse Practitioner	1	3.3%
Psychologist	1	3.3%
Cancer Registrar	1	3.3%
Dentist	1	3.3%
Epidemiologist	1	3.3%
Certified Nurse Assistant	0	0.0%
Healthcare Managers/Supervisors	0	0.0%
Medical Assistant	0	0.0%
Personal Care Assistant	0	0.0%
Sonographer	0	0.0%

MGMA Membership (4 of X, <1%)		
	Votes	% of Voters
Family Physician	3	75.0%
Family Nurse Practitioner	2	50.0%
Internist	2	50.0%
Behavioral Health Aide/Village Counselor	1	25.0%
Dental Hygienist	1	25.0%
Home Health Aide	1	25.0%
Human Services Worker	1	25.0%
Physical Therapist	1	25.0%
Physican Assistant	1	25.0%
Psychiatric Nurse	1	25.0%
Psychiatric Nurse Practitioenr	1	25.0%
Psychiatrist	1	25.0%
Psychologist	1	25.0%
Social Worker	1	25.0%
Speech-Language Pathologist	1	25.0%
Substance Abuse Counselor	1	25.0%
Certified Nurse Assistant	0	0.0%
Community Health Aide/Practitioner	0	0.0%
Dental Assistant	0	0.0%
Dental Health Aide/Therapist	0	0.0%
Dietitian/Nutritionist	0	0.0%
Disabilities Specialist/Worker	0	0.0%
Health Educator	0	0.0%
Health Informatics Staff	0	0.0%
Health Manager/Supervisor	0	0.0%
Medical Assistant	0	0.0%
Nurse Educator	0	0.0%
Nurse Manager/Executive	0	0.0%
Nurse Specialist	0	0.0%
Occupational Therapist	0	0.0%
Personal Care Assistant	0	0.0%
Pharmacist	0	0.0%
Pharmacy Technician	0	0.0%
Physical Therapy Assistant	0	0.0%
Public Health Nurse	0	0.0%
Registered Nurse	0	0.0%
Sonographer	0	0.0%

Total Respondents (141)						
	Votes	% of Voters	# Top 10 Lists*	Top 10 Vacancies	Top 10 Vacancy Rates	Top 5
Behavioral Health Aide/Village Counselor	52	36.9%	2			X
Family Physician	43	30.5%	3	X		X
Family Nurse Practitioner/Advanced FNP	41	29.1%	2	X	X	X
Substance Abuse Counselor	35	24.8%	3	X		X
Registered Nurse	33	23.4%	2	X		X
Social Worker	30	21.3%	1			
Community Health Aide/Practitioner	27	19.1%	2			
Psychiatrist	25	17.7%	1			
Dental Health Aide/Therapist	24	17.0%	2			
Human Services Worker	23	16.3%	1	X		

*ASHNHA, BH, ALPHA

Section VI: PRIORITY OCCUPATIONS MATRIX

BEHAVIORAL HEALTH AIDE/VILLAGE COUNSELOR	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Address local mental health and substance abuse issues to promote healthy individuals, families and communities in rural and remote Alaska Native Villages.	1. Using public service announcements on radio and television and other methods, develop awareness of behavioral health occupations, especially in rural Alaska.	1. Enlisting the help of local Alaska Native elders and leaders to assist in teaching healthy lifestyles and coping skills development in elementary schools .	1. Identify youth with peer helping skills and abilities in consultation with Native elders and community leaders, and support and nurture their growth.	1. Ensure Native elder and community leader support for behavioral health workers through mentoring, guidance and leadership.
Workforce Data: Estimated 39 vacancies, 15% vacancy rate (2009).	2. Conduct culturally designed anti-stigma campaigns.	2. Continue to provide competency-based, culturally sensitive education for behavioral health workers at village level; expand as needed. Ensure local Alaska Native elders and leaders co-teach and storytell.	2. Educate the Legislature and advocate for increases in funding for sustaining these positions across the state.	2. Make general and targeted skills enhancement available for village behavioral health workforce.
Education and Training: UAF Rural Human Services Occupational Endorsement; ANTHC Behavioral Health Aide certification; behavioral health career ladder (occupational endorsement - psychology PhD) with participation by many UA campuses, much distance delivered.	3. Engage local elders and leaders in introducing children and adults to the role of a village counselor.	3. Ensure cross-campus cooperation, ease and accessibility for the provision of continuing education for the village behavioral health workforce.	3. Ensure these certifications and endorsements are reciprocal and can be used at all levels of the career ladder in all rural areas.	3. Improve supervision of village workers.
Overview: Programs are in place to train behavioral health workers for rural and urban Alaska, and there is an articulated behavioral health pathway available through distance delivery. Attracting individuals to these demanding positions and retaining them is challenging.	4. Ensure awareness, access and funding for training and career opportunities in behavioral health.			4. Seek guidance, leadership, direction and mentorship provided by Native elders and community leaders.
				5. Develop community understanding and support for behavioral health workers in local areas, including personal expressions of appreciation.

PRIMARY CARE PHYSICIAN	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Diagnose, treat, and help prevent diseases and injuries that commonly occur in the general population. Primary care physicians are educated as either Doctors of Medicine (MD) or Doctors of Osteopathy (DO). Areas of practice include Family Practice, General Internal Medicine, and Pediatrics. Obstetricians/Gynecologists are sometimes included in this group, as are General Surgeons.	1. Strengthen pipeline programs to medical and other health professions, particularly for minority and disadvantaged/ underrepresented populations.	1. Expand the WWAMI program to include the second year in Alaska and additional students (30, ?) as resources allow.	1. Engage in a recruitment collaborative for family physicians, adequately resourced.	1. Sustain and improve the practice environment in Alaskan communities.
Workforce Data: Estimated 67 vacancies, 11% vacancy rate; 1,583 licensees in 2009, up 2% from 2007; 24% non-resident, 41% over age 50.	2. Support school districts in offering health occupations awareness and exploration activities during the public school years.	2. Remove requirement to repay State funds used to subsidize medical education.	2. Offer information and incentives to attract physicians to Alaska, particularly to areas of shortage.	2. For staff physicians, assess and at least match market wages and benefits.
Education and Training: Alaska WWAMI program (~20 graduates per year); Alaska Family Residency (XX complete per year)	3. Incentivize consideration of family rather than specialty practice.	3. Expand the use of distance delivery and simulation and other technology to strengthen medical education in Alaska.	3. Establish a robust loan repayment and employment incentives program that rewards physicians in family practice.	3. Offer physician and family incentives for remaining in Alaskan communities.
Overview: In 2005 a task force was convened to analyze and provide recommendations regarding Alaska's physician workforce. These recommendations included expanding the size of the WWAMI medical school class, considering establishment of a medical school, various recruitment and retention measures, etc. Several of these strategies, and some additional ones represented in this grid, have commenced. Will need to develop strategies specific to each type of primary care physician.	4. Engage hospitals/physicians in the community to help develop student awareness and interest.	4. Provide a post-baccalaureate program to prepare college graduates and mid-career individuals for successful application to medical school.		4. Consider further expansion of employed physicians in various practice settings.
		5. Provide excellent continuing medical education opportunities for family physicians throughout the state.		
		6. Develop plan for GME (Graduate Medical Education) across the state.		
		7. Explore community partnerships for GME programs, DO rotations, etc.		

ADVANCED NURSE PRACTITIONER (FAMILY, PSYCHIATRIC/MENTAL HEALTH)	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Family nurse practitioners are RNs who have specialized formal, post-basic education and who function in highly autonomous and specialized roles working with all ages of patients.	1. Market the advantages of advanced practice nursing and the need for primary care providers in Alaska through media, role modeling, job shadows, and other means.	1. Expand the faculty of the UA SON Family Nurse Practitioner program to allow for continued increase in student numbers.	1. Include family nurse practitioners in the professions eligible for loan repayment and other employment incentives.	1. Sustain and improve the practice environment in Alaskan communities.
Workforce Data: Estimated 58 vacancies for Family Nurse Practitioners, 17% vacancy rate ; 490 licensees in 2009, 9% increase from 2007. Psychiatric/Mental Health Nurse Practitioners - 2 vacancies, 18% vacancy rate.	2. Particularly target nurses from minority and disadvantaged/ underrepresented groups for encouragamant and assistance in becoming advanced practice nurses.	2. Identify additional practice sites for the education of family nurse practitioners in Alaska.	2. Consider subsidies for establishing advanced nursing practices in communities experiencing a primary care shortage.	2. Ensure continuation of a robust scope of practice for family nurse practitioners in Alaska.
Education and Training: UAA Master of Science in Nursing Science, Family Nurse Practitioner track (~15 graduates per year); Psychiatric/Mental Health Nurse Practitioner Track (~6 graduates every other year); these programs are offered primarily through distance delivery with some clinical intensives.		3. Allow for evolution of advanced nursing practice education in Alaska toward national norms to ensure continued graduation and certification of Alaska FNPs.	3. Consider other strategies for external recruitment of FNPs through consortia of providers.	

Overview: Nurse practitioner programs in the state have been in existence for many years. There is growing interest in these programs and class size in the UAA FNP program has increased. Maintaining current enrollment and evolving the programs will require additional faculty. Recruitment, especially for other specialties, will continue to be required.		4. Provide continuing education in essential and advanced skills and knowledge for family nurse practitioners across the state.		

SUBSTANCE ABUSE (AND BEHAVIORAL DISORDER) COUNSELOR	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Counsel and advise individuals with alcohol, tobacco, drug, or other problems, such as gambling and eating disorders. May counsel individuals, families, or groups or engage in prevention programs.	1. Develop awareness and educate the public about the effects of alcohol, tobacco, substance use, eating distorders, and gambling in rural Alaska. Use public service announcements on radio and television and other social marketing methods.	1. Ensure chemical dependency counselors are aware of RADACT and akcertification.org. Behavioral Health Technicians, Counselors I & ii, and Advanced Behavioral Health Clinicians need to be aware of the certification requirements.	1. With community elders' and leaders' input, identify and support youth that show helping skills and abilities to assist other community members. Ensure they have access to further their interest thru fomal education. This education should be available through distance delivered.	1. Once certified, Behavioral Health Technicians thru Advanced Behavioral Health counselors should have daily access to not only a clinical supervisor but also community leaders and advisors.
Workforce Data: Estimated 48 vacancies, 15% vacancy rate; need 110 in ten-year period ending 2016; 8% non-resident; 39% over age 50	2. Educate elders and local community leaders about the connection between substance use disorder and suicide.	2. Ensure and assist substance abuse staff to receive required levels of training.		
Education and Training: Alaska certifications and continuing education in the chemical dependency field; pertinent content included in behavioral health degree programs such as human services. (Behavioral Health Technicians - 151 contact hours; Behavioral Health Counselor i - 304 contact hours; BH Counselor ii - 6 years of work in chemical dependency or a bachelor's in human services or a minimum of 436 contact hours. An advanced BH Counselor ii must have 6 years of full time work and experience supervised by a chemical dependency supervisor.)		3. Assist and ensure that Behavioral Health Technicians thru Advanced Behavioral Health Counselors have access to the hours needed for training to keep their certification. And when needed provide financial aide assistance.		
Overview: There is an established process for training and certifying these workers. As with other behavioral health fields, attracting and retaining individuals as substance abusa counselors is challenging.				

REGISTERED NURSE	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients in many venues. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. DOL data includes advance practice nurses in this category.	1. Expand awareness of nursing opportunities to include specialty, rural and long-term care areas, as well as advanced practice.	1. Encourage relevant knowledge and skills development during K-12 education.	1. Identify nursing specialists and nurse educators as beneficiaries of loan repayment and employment incentives programs.	1. Structure the workplace environment to maximize retention of incumbent nurses; consider factors such as shared governance, fair salary/benefits, highest attention to patient care quality and safety, reasonable and flexible workloads and schedules, etc.
Workforce Data: Estimated 307 vacancies, 10% vacancy rate, only 63 vacancies for new graduates (ACRH 2009); need 2,310 in 10-year period ending 2016 (DOL); 6,334 licensees, up 9% from 2007 to 2009 (DHSS); 16% non-resident, 40% over age 50.	2. Develop a comprehensive plan and provide incentives to attract nursing faculty to Alaska and engage local nurses in educational roles as preceptors and faculty members.	2. Sustain and improve UA School of Nursing basic programs. Solidify AAS program at the community level. Strengthen and market advanced and specialty education, including the nurse educator distance-delivered master's program.	2. Use a coordinated approach to developing a strong pool of nursing candidates in the state.	2. Incentivite nursing staff to welcome and mentor new graduates and employees.
Education and Training: AAS and BS nursing degrees at UAA SON (180-200 graduates per year); currently 12 locations in Alaska, 2 more to be added in 2011.		3. Identify specialty priories; achieve statewide process for specialty training.		3. Find ways to attract and retain nurses later in their careers as productive members of the workforce.
Overview: Progress has been made on increasing the number of new graduate registered nurses in Alaska. Over time, the extension of the associates degree program to many locations across the state, and improvement of the distance delivered RN-to-bachelor's degree, will allow for significant headway in most regions of the state. Distribution remains a challenge, though less than before, and over time should lessen further. A continuing challenge is the process of orienting new graduates into their workplace role, and augmenting their skills in specialty areas. Considering the size of this workforce, it is anticipated that recruitment from outside the state will continue to be a factor, especially for nurse specialists.		4. Continue development and support for accelerated specialty and rural generalist preceptorships and other post-employment continuing education opportunities. Fund coordinating/development consortium.		

THERAPISTS	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Physical Therapist - Assess, plan, organize, and participate in rehabilitative programs that improve mobility, relieve pain, increase strength, and decrease or prevent deformity of patients suffering from disease or injury. Occupational Therapist - Assess, plan, organize, and participate in rehabilitative programs that help restore vocational, homemaking, and daily living skills, as well as general independence, to disabled persons. Speech-Language Pathologist - Assess and treat persons with speech, language, voice, and fluency disorders. May select alternative communication systems and teach their use. May perform research related to speech and language problems. Physical Therapist Assistant - Assist physical therapists in providing physical therapy treatments and procedures. May, in accordance with State laws, assist in the development of treatment plans, carry out routine functions, document the progress of treatment, and modify specific treatments in accordance with patient status and within the scope of treatment plans established by a physical therapist. Generally requires formal training. Occupational Therapist Assistant - Assist occupational therapists in providing occupational therapy treatments and procedures. May, in accordance with State laws, assist in development of treatment plans, carry out routine functions, direct activity programs, and document the progress of treatments. Generally requires formal training.	1. Elevate public awareness of therapies occupations and professions.	1. Maintain OT partnership with Creighton University and Speech-Language partnership with East Carolina University; develop PT partnership with an external institution.	1. Address wage disparity for mid-levels (PTAs and OTAs).	1. Assess retention factors for therapies professionals in Alaska; plan retention strategies.

Workforce Data: Estimated vacancies - PT 45 (rate 16%), OT 29 (rate 23%), Speech-Language Pathologists 16 (rate 10%), PTA 17 (rate 28%) (ACRH 2009); OT - 17% out-of-state workers; 32% age 50+; PT - 22% out-of-state, 22% age 50+; Speech-Language 18% out-of-state, 44% age 50+; PTA - 11% out-of-state, 19% age 50+.	2. Provide information to K-12 students, also job shadows, role models, mentors.	2. Over time seek expanded/alternate approaches to therapies education in Alaska if feasible and needed.	2. Identify schools in the Lower 48 that would like to offer clinical rotations in Alaska facilities and develop relationships.	
Education and Training: There is an OTD program at UAA with Creighton University, currently admitting up to ten per year in Anchorage. UA is exploring partnerships for an Alaska-offered DPT. The University is also looking into requirements for development of PTA and OTA programs. There is a speech-language master's program available in Alaska, a partnership with East Carolina University's distance program, with post-baccalaureate bridge courses offered by UAA.	3. Advise students on educational opportunities within and outside Alaska.	3. Assist UA to move aggressively to develop programs for both PTA and OTA, with a goal of admitting a cohort of PTA students in the fall of 2011.	3. Include PTs and OTs in loan repayment/ employment incentive programs and recruitment collaboratives.	
Overview: Therapist professions in Alaska are in short supply, and pressures will continue to grow on this workforce as the population continues to rapidly age. These programs tend to be expensive and complex to deliver. At present two critical therapy professions (OT and Speech-Language) are offered in Alaska through partnership arrangements and partners are being sought for physical therapy. There is some need to expand the use of occupational therapists across the state, as well as assistants in both PT and OT. That has not been the typical practice pattern to date but could serve the state well. Local development of the assistant occupations is being considered, but will require resources. There will be a continued need for recruitment into the state and for attention to distribution within Alaska.	4. Raise awareness and acceptance of the use of mid-level PTAs and OTAs in the Alaska healthcare community.			

NURSE EDUCATOR	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Teach nursing students in basic and advanced nursing programs; provide education to patients, families, communities, health care workers, in a variety of settings.	1. Expand awareness of nursing opportunities in the education of students, patients, families, others.	1. Market nurse educator distance-delivered master's program at UAA.	1. Identify nursing specialists and nurse educators as beneficiaries of loan repayment and employment incentives programs.	1. Incentivize nursing staff to welcome and mentor student nurses, new graduates and employees.
Workforce Data: Currently 4 vacancies, all in AAS program, vacancy rate 16% in AAS. Overall 51 faculty positions, 7.8% vacancy rate. Need 1-2 additional FTEs for MS program. Average age of faculty 54.9 years: 4% at 30-39, 17% at 40-49, 49% at 50-59, and 30% at 60-69 years.	2. Engage local nurses in educational roles as preceptors and faculty members.	2. Provide scholarships and other incentives for nurses to achieve advanced education and to participate as educators of the next generation of nurses.	2. Develop a comprehensive plan and provide incentives to attract nursing faculty to Alaska.	2. Ensure school of nursing workplace is collegial and congenial place to work; provida resources, mentoring and support needed to become/be an effective faculty member.
Education and Training: UAA has a distance delivered master's degree track for nurse educators			3. Encourage and incentivize aspirations for advanced degrees in nursing, including master's and doctoral degrees.	3. Find ways to attract and retain nurses later in their careers as productive members of the nurse educator workforce.
Overview: There is a national shortage of nurse educators and current faculty are older on average than the overall nursing workforce. Recruitment and retention require attention to salary/benefits issues. Regular faculty are required to have earned master's or doctoral degrees. This is a challenging role, combining expertise in both clinical work and instruction, and accreditation standards are high. UAA established a master's track several years ago and interest is increasing. Sustaining and marketing this program is important to allow Alaska to grow its own nurse faculty and to also prepare nurse educators to work with patients and communities.			4. Assess salaries for nursing faculty and find ways to enhance salary/benefits to improve recruitment position.	4. Provide faculty compensation similar to what industry would offer.

PHARMACIST	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Dispense drugs prescribed by physicians and other health practitioners and provide information to patients about medications and their use. May advise physicians and other health practitioners on the selection, dosage, interactions, and side effects of medications.	1. Inform public about pharmacy as a career; include in K-12 career awareness activities.	1. UA identify viable option(s) and move planning forward (includes partnership options and pharmacy school possibility).	1. Continue successful recruitment efforts; target new schools for information about Alaska.	1. Creative attractive workplaces and exercise other retention strategies.
Workforce Data: Estimated 37 vacancies, 8.6% vacancy rate (ACRH 2009); 471 licensees, up 12% from 2007 to 2009 (DHSS); 26% non-resident, 34% over age 50 (DOLWD).	2. Target college students in chemistry, biology and biochemistry about opportunities in pharmacy.	2. Work with Creighton University to set aside slots and provide tuition discount for Alaska students.	2. Include pharmacist in loan repayment and employment incentives programs.	2. Assure continuing education opportunities for pharmacists, espeically in rural areas.
Education and Training: Currently is no program in Alaska; several options for pharmacy education recommended by a consultant are being discussed. An average of fewer than 10 Alaskans enroll in pharmacy schools in other states each year. The Creighton University distance delivered pharmacy program is available for those who want to stay in state for school presently.				
Overview: The demand for pharmacists in Alaska has diminished somewhat in the past two years, probably helped by the recession and the increase in the number of pharmacy schools that have opened in the rest of the country in recent years. With anticipated retirements and potential expanded functions for pharmacists, it is expected that attention will need to be paid to ensuring the numbers and distribution of this profession are adequate to meet state needs. Recruitment and retention will be important, as well as expanding viable options for educating pharmacists in state.				

DENTIST	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Diagnose and treat diseases, injuries, and malformations of teeth and gums and related oral structures.	1. Include oral health occupations in career awareness activities for K-12 students.	1. Continue discussion of potential for dental education in Alaska, though low number of vacancies.	1. Include dental profession in loan repayment and employment incentives programs.	1. Provide good workplace settings and other practice and retention incentives.
Estimated 15 vacancies, 2.6% vacancy rate; 3 (0.7%) urban and 12 (7.1%) rural (ACRH 2009); need 30 in 10-year period ending 2016 (DOL); 486 licensees, up 4% from 2007 to 2009 (DHSS); 19% non-resident, 43% over age 50.			2. Include dentistry in efforts to recruit collaboratively, especially targat recruitment to rural Alaska.	2. Consider increasing numbers of employed dentists.
Education and Training: No educational program in Alaska at this time. Have discussed possible future program with UW using approach similar to WWAMI.			3. Work with Dental Board to improve licensure process.	

Overview: This profession has typically had a low vacancy rate in Alaska for many years, but the distribution of dentists has been very uneven. In the most rural areas of the state, dental care has been limited and the dental disease burden high. Strategies will need to focus on the maldistribution issue.				

DENTAL HYGIENIST	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Clean teeth and examine oral areas, head, and neck for signs of oral disease. May educate patients on oral hygiene, take and develop X-rays, or apply fluoride or sealants.	1. Include oral health occupations in career awareness activities for K-12 students.	1. Continue programs in Anchorage and Fairbanks; expand when resources and space permits.	1. Include dental hygiene in loan repayment and employment incentives programs; especially good for Alaska students.	1. Improve workplace conditions, compensation and exercise other retention strategies.
Workforce Data: Estimated 41 vacancies, 8% vacancy rate; 16 (4.6%) urban and 24 (15.8%) rural (ACRH 2009); need 210 in 10-year period ending 2016 (DOL); 444 licensees, up 4% from 2007 to 2009 (DHSS); 7.5% non-resident, 26% over age 50.	2. Inform public about dental hygiene as a career and new expanded functions role.	2. Develop crosswalk of training in hygiene and dental assisting with that for dental health aides; collaborate where feasible.	2. Include dental hygiene in efforts to recruit collaboratively, especially to rural Alaska.	
Education and Training: Dental hygiene programs in Anchorage and Fairbanks; 17-20 graduates per year.		3. Provide training in dental expanded functions.		
Overview: Recent program expansions have occurred; will be able to assess effect in next few years. Recruitment to rural areas needs attention.				

PSYCHIATRIST	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: A physician specialty: diagnose, treat, and help prevent disorders of the mind.	1. Include behavioral/mental health occupations in career awareness activities for K-12 students and the public.	1. Develop psychiatric residency in Alaska.	1. Include psychiatrists in loan repayment and employment incentives programs.	1. Provide continuing education opportunities for psychiatrists, particularly those in more rural areas of the state.
Workforce Data: Estimated 11 vacancies, 13% vacancy rate (ACRH 2009); 16% non-resident, 57% over age 50.			2. Include psychiatrists in efforts to recruit collaboratively for physicians.	2. Provide a supportive practice environment; assist in establishing practices.
Education: A psychiatry residency being worked on at this time.				3. Provide respite to decrease burn out.
Overview: While the total number of vacancies was fairly low in the 2009 study, the population of psychiatrists in Alaska over age 50 is quite high. Considering the extent of behavioral health issues in the state, this medical specialty is important to address.				

SOCIAL WORKER	ENGAGE	TRAIN	RECRUIT	RETAIN
Description: Provide persons, families, or vulnerable populations with the psychosocial support needed to cope with chronic, acute, or terminal illnesses, such as Alzheimer's, cancer, or AIDS. Services include advising family care givers, providing patient education and counseling, and making necessary referrals for other social services. Provide social services and assistance to improve the social and psychological functioning of children and their families and to maximize the family well-being and the academic functioning of children. May assist single parents, arrange adoptions, and find foster homes for abandoned or abused children. In schools, they address such problems as teenage pregnancy, misbehavior, and truancy. May also advise teachers on how to deal with problem children. Assess and treat individuals with mental, emotional, or substance abuse problems, including abuse of alcohol, tobacco, and/or other drugs. Activities may include individual and group therapy, crisis intervention, case management, client advocacy, prevention, and education.	1. Include behavioral/mental health occupations in career awareness activities for K-12 students and the public.	1. Continue to develop and maintain smoothly articulated career pathway in social work.	1. Include social workers in loan repayment and employment incentives programs; especially good for Alaska students.	1. Increase numbers of positions in social work to lessen workload burden and associated burn out, decision errors and other problems.
Workforce Data: Estimated 5 vacancies, 3% vacancy rate (ACRH 2009); need 70 in 10-year period ending 2016 (DOL); 3% non-resident, 33% over age 50.				2. Provide continuing education for social workers.
Education and Training: Have social work bachelor's degrees at UAA and UAF (distence), master's in social work at UAA (distance). Graduate about 58 per year (35 bachelors and 23 masters). Career pathway from rural human services certificate through associates in human services, bachelor's in social work, human services or psychology, master's in social work, now PhD in psychology.				3. Provide respite to decrease burn out.
Overview: While the overall vacancy rate for social workers in the 2009 study was very low, it is known that there are critical pockets of vacancies, particularly in rural areas, that seriously affect critical functions. In some organizations, the inability to find social workers has resulted in positions being discontinued and filled by other types of workers. There may also be a need to increase numbers of positions and for resources to accomplish this.				4. Improve salary/benefits for social workers.

VII: Occupation-Specific Strategies for Addressing Health Occupations (Sample)

The health workforce is exceedingly complex to describe, evaluate and project. While overarching strategies to engage, train, recruit and retain health care workers are useful, even essential, to address the overall workforce picture, it is at the level of each occupation and profession that detailed strategies and action plans are required in order to ensure each one receives the attention most relevant to its features and requirements.

This planning process has included an initial assessment of occupational priorities for Alaska, as was described in the previous section. The input portion of this process has not yet concluded. A number of occupations have been selected for consideration. It is anticipated that this list will change somewhat prior to completion of this plan. Also, it is expected that work will continue on occupations beyond those included in the plan until a full set of health occupations strategies is completed. Occupations indentified to date for inclusion in the plan are the following:

- Behavioral Health Aide/Village Counselor
- Primary Care Physician
- Advanced Nurse Practitioner
- Substance Abuse Counselor
- Registered Nurse
- Therapists (Physical, Occupational, Speech-Language)
- Nurse Educator
- Pharmacist
- Dentist
- Dental Hygienist
- Psychiatrist
- Social Worker

A grid with preliminary strategies related to each of these occupations is found in Section VI. Once the list is finalized and all occupations for inclusion in the Alaska health workforce 2010 plan identified, the related proposed strategies will be sent for review by professional groups and providers for their feedback, additions and corrections. Additional analysis and development of the agreed upon strategies will ensue.

As an example, and borrowing format and language from the August 2006 report of the Alaska Physician Supply Task Force (*Securing an Adequate Number of Physicians for Alaska's Needs*), the strategies section for Primary Care Physician might include the following elements:

Major Goal	**Strategy**	**Timeline**	**Estimated Cost**
1. Engage	A. Strengthen pipeline programs to medical and other health professions, particularly for minority and disadvantaged/	Short	$$

	underrepresented populations.		
	B. Support school districts in offering health occupations awareness and exploration activities during the public school years.	Short	$$
	C. Incentivize consideration of family rather than specialty practice.	Medium	$$$
	D. Engage hospitals/physicians in the community to help develop student awareness and interest.	Short	$
2. Train	A. Expand the WWAMI program to include the second year in Alaska and additional students (30, ?) as resources allow.	Medium	$$$
	B. Remove requirement to repay State funds used to subsidize medical education.	Short	$$
	C. Expand the use of distance delivery and simulation and other technology to strengthen medical education in Alaska.	Medium	$$$
	D. Provide a post-baccalaureate program to prepare college graduates and mid-career individuals for successful application to medical school.	Short	$
	E. Provide excellent continuing medical education opportunities for family physicians throughout the state.	Medium	$$
	F. Develop plan for GME (Graduate Medical Education) across the state.	Short	$
	G. Explore community partnerships for GME programs, DO rotations, etc.	Medium	$
3. Recruit	A. Engage in a recruitment collaborative for family physicians, adequately resourced.	Medium	$$$
	B. Offer information and incentives to attract physicians to Alaska, particularly to areas of shortage.	Medium	$$$
	C. Establish a robust loan repayment and employment incentives program that rewards physicians in family practice.	Long	$$$
4. Retain	A. Sustain and improve the practice environment	Long	$$$

in Alaskan communities.		
B. For staff physicians, assess and at least match market wages and benefits.	Medium	$$$
C. Offer physician and family incentives for remaining in Alaskan communities.	Long	$$$
D. Consider further expansion of employed physicians in various practice settings.	Long	$$$

Action plans will then be drafted for each of the strategies identified for priority occupations, including target outcomes, a timeline and responsible parties. These plans will include the following sections: Strategy, Problem Statement, Action Steps, Target Outcomes, Timeframe, Benefits, Costs, Responsibility, Area of Impact, and Rationale.

It is anticipated that those responsible for working on strategies for a particular health occupation will maintain regular communication, collaborate where possible, and share ideas, information and results.